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(Re	equestor's Name)	
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COVER LETTER

TO: .	Registration Section Division of Corporation	S			
SUBJE	ct: <u>Shorewoo</u>	a Investment	S LLC ited Liability Company		
The end Existen	closed "Application by Forece, and check are submitted	rign Limited Liability Company to register the above reference	for Authorization to Transac d foreign limited liability cor	et Business in Florida," Cer mpany to transact business i	tificate of in Florida.
Please a	return all correspondence co	oncerning this matter to the foll	owing:		
		nelle Peterson	of Person		
	Shore	wood Inves	stments L4	ZN FEB	
	148	Sunrise Driv	<u>C</u> Idress	FEB 25 A	ILED
	Taveri	ner FL 33	0070 and Zip Code		U
	_shorew	Cool investment E-mail address: (to be used for	slic@gmail.	Com)	
For furt	her information concerning	this matter, please call:			
	Michelle Pe	Contact Person	(<u>248</u>) <u>535 –</u> Area Code Daytime	7790 Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET AD Division of Co Registration S Clifton Buildin 2661 Executiv Tallahassee, F	orporations ection ng ve Center Circle	
	Enclosed is a check for the Please make check payable	: following amount: e to: FLORIDA DEPARTME	NT OF STATE		
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	S160.00 Filing Fee, O	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

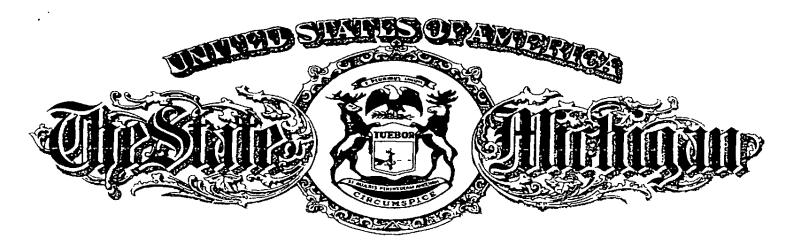
IN COMITIANCE WITH SPLITON 605.0902, FILORIDA STATOTES, THE FOR COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	TOWING IS SUBMIT	THA IO REGISTIR A	PORIJGN LIMIT	ED HABILH
1. Shore wood Investments LLC (Name of Foreign Limited Liability Company; must include "Limited I	HERE CONTRACTOR	- (* 'P we e (* ''')		
(Name of Foreign Limited Liability Company, must include Limited i	плавину Сотралу, п	alaCa, Of "LLC.)		
If name unavailable, enter afternate name adopted for the purpose of transacting business in Florid.	la. The alternate name mus	t include "Limited Liability (Company," "L.L.C," or	
2 Michigan Deptment of Licensing - Regulator (Jurisdiction Linder the law of which foreign limited liability company do organized) A (a)	3	(FEI number, if a	ipplicable)	
7/10/11	5			
4. (Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	zistration.)			
		_	ALL Z	grangening
5. 350 Shovewall (Street Address of Principal Office)	6. <u>148 S</u>	Mailing Address)	** **	<u></u>
			25 388 888	
Lake Orion	_ laver	nier	<u> </u>	$-\Box$
MI 48362	FL	33070	Section 19	
	<u> </u>		<u>a</u>	
7. Name and street address of Florida registered agent: (P.O. Box 1	NOT acceptable)			
Name: Michelle Peterson				
Office Address: 148 Sunvisc Dr				
lavernier	, Flor	rida <u>3307Ĉ</u> (Zin cudo)	<u>)</u>	
Registered agent's acceptance:		(inp coat)		
Having been named as registered agent and to accept service of pro	ocess for the above	e stated limited liab	ility company at	the place
lesignated in this application, I hereby accept the appointment as r to comply with the provisions of all statutes relative to the proper at	regisierea ageni ai nd complete perfo	na agree to act in th rmance of my dutie	ns capacity. I ju s, and I am fam	riner agree iliar with
and accept the obligations of my position as registered agent.				
Michille Vaterso			_	

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: William C Peterson Name: Michellem Pete Manager Manager Address: 148 Sumrise Dr Address: 148 Sunrise Member ☐ Member Tavernier Tavernier Authorized Authorized 3307*O* Person Person Other Other___ Other___ Manager Name: Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other Other____ Other___ Other_ ■Manager Name: _____ Manager Name: _____ Member Address: Member Address: ■Authorized Authorized Person Person Other Other_____ Other__ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Michelle Peterson

Michelle Peterson

Typed or printed name of signee



Department of Licensing and Regulatory Offaigs

Lansing, Milchigan

This is to Certify That SHOREWOOD INVESTMENTS LLC

was validly authorized on July 18, 2014, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

COTONIA COMMERCIAL LINE

Sent by electronic transmission

Certificate Number: 19021031110

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 21st day of February, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau